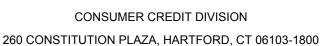


## STATE OF CONNECTICUT

## **DEPARTMENT OF BANKING**





## ATTESTATION FORM - CONSUMER COLLECTION AGENCY LICENSE - MAIN OFFICE

Ι,			, do h	nereby swear that the fina	ancial statement
ated	(MM/DD/YYYY)	, prepared by	(Name o	of CPA or PA)	CPA/PA
and submit	ted in connection wit	th the application		(Name of Applicant)	
		License, is a true, accura knowledge and belief.	te, and complete	e statement of the financia	al condition
tate of	(Signature)		_	(Name and T	itle - Print)
ounty of					
n this	day of		, 20	, personally appeared	d
ath, deposes		be the signer of the foreg s read, and knows the co		who being first duly swor	
(0	(Notary Public) nmissioner of the Superio	r Court)		(My Commission Expi	ires)

NOTE: This application must be signed by a Control Person listed on the Main Office Application